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Reply by Authors

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Both comments suggest adjuvant retroperitoneal lymph node dissection for patients with stage I disease and presence of pathological risk factors. This conclusion is based on the experience in several high volume centers and is supported by our findings. Our review indicated that men with visible metastatic Leydig cell tumors have a very poor prognosis and that the retroperitoneum represents the primary landing zone in two-thirds of oligometastatic cases. Therefore, RPLND is thought to cure micro-metastatic disease in the retroperitoneum and the indication is heavily dependent on the pathology

report, requiring a dedicated and experience uropathologist. Furthermore, RPLND should only be performed at centers with adequate expertise regardless of whether minimally invasive or open. Overall Leydig cell tumors represent a rare disease with potentially fatal outcomes suggesting centralized care. Our review resulted in new insights from published series but still leaves several questions unanswered. Therefore, we encourage centers to contribute data of patients with rare testis cancer histologies to our OATH registry (<http://bit.ly/OATH-registry>).